

PARENTS: CIRCLE "YES" ON THE DAY(S) YOUR CHILD WILL ATTEND THE COUGAR CLUB
 ***WHEN YOU PICK-UP YOUR CHILD, PLEASE INITIAL THE DATE AND NOTE THE TIME**

ST. ALPHONSUS COUGAR CLUB ATTENDANCE CALENDAR: MAY 2024
Calendar Due: FRIDAY, APRIL 19, 2024

Child's Name: _____ Grade: _____ Room Number: _____

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
		1 YES TIME OUT: INITIALS:	2 YES TIME OUT: INITIALS:	3 YES TIME OUT: INITIALS:
6 YES TIME OUT: INITIALS	7 YES TIME OUT: INITIALS	8 YES TIME OUT: INITIALS	9 YES TIME OUT: INITIALS	10 YES TIME OUT: INITIALS
13 YES TIME OUT: INITIALS	14 YES TIME OUT: INITIALS:	15 YES TIME OUT: INITIALS:	16 YES TIME OUT: INITIALS:	17 YES TIME OUT: INITIALS:
20 YES TIME OUT: INITIALS:	21 YES TIME OUT: INITIALS:	22 YES TIME OUT: INITIALS:	23 YES TIME OUT: INITIALS:	24 YES TIME OUT: INITIALS:
27 NO SCHOOL Memorial Day	28 YES TIME OUT: INITIALS:	29 YES TIME OUT: INITIALS:	30 YES TIME OUT: INITIALS:	31 YES TIME OUT: INITIALS:
OFFICE USE Date Received/Staff:	OFFICE USE 4:30 sign out: \$	OFFICE USE 6:00 sign out: \$	OFFICE USE TOTAL DUE: \$	

Agreement: I have read and understand the addition and cancellation policies for the 2023-2024 Cougar Club. I understand that the fees charged for daily care will be based on the actual sign out time.

My child is registered for _____ After School Care Days.

Parent Signature: _____ Date: _____